

FIG. 1

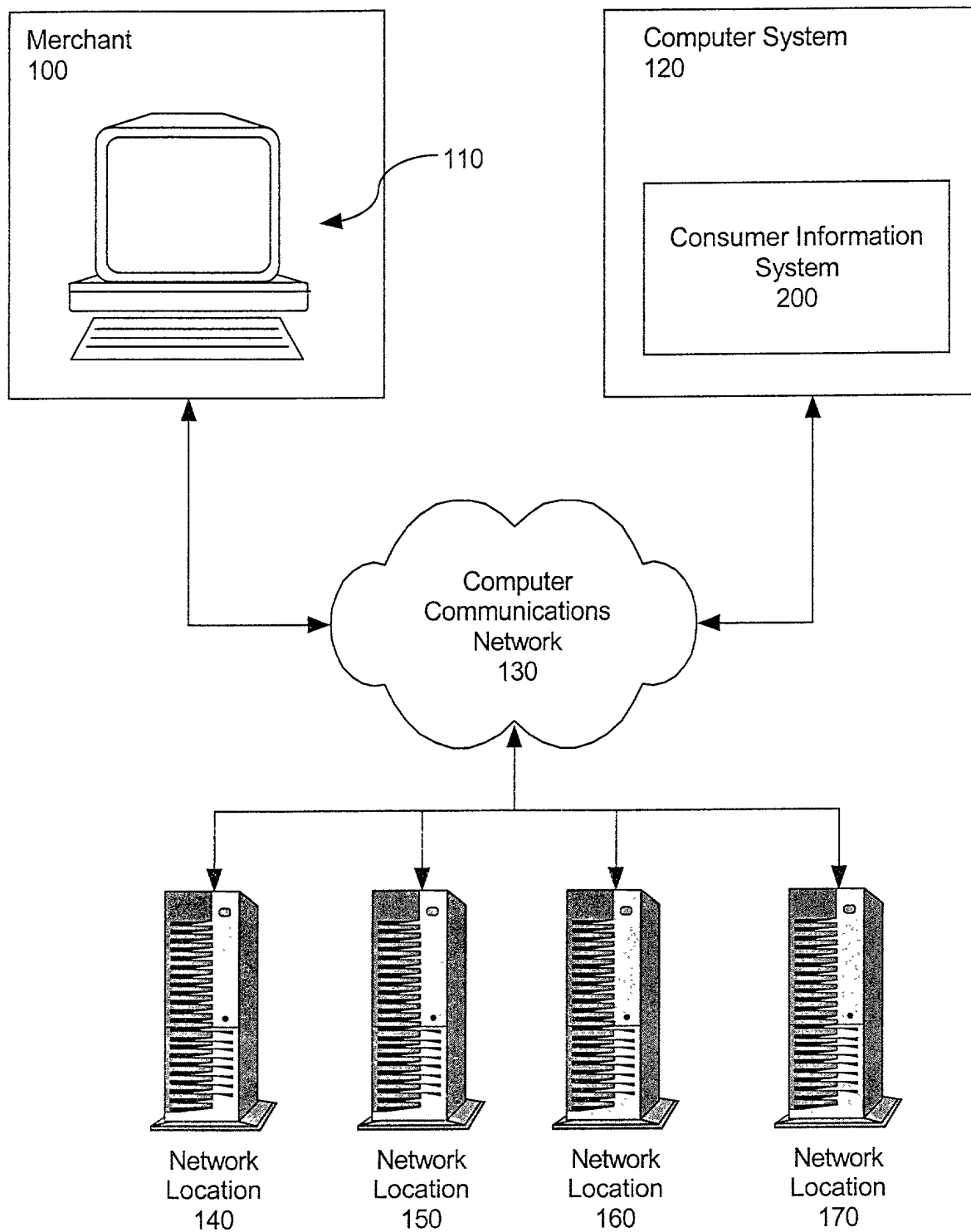


FIG. 2

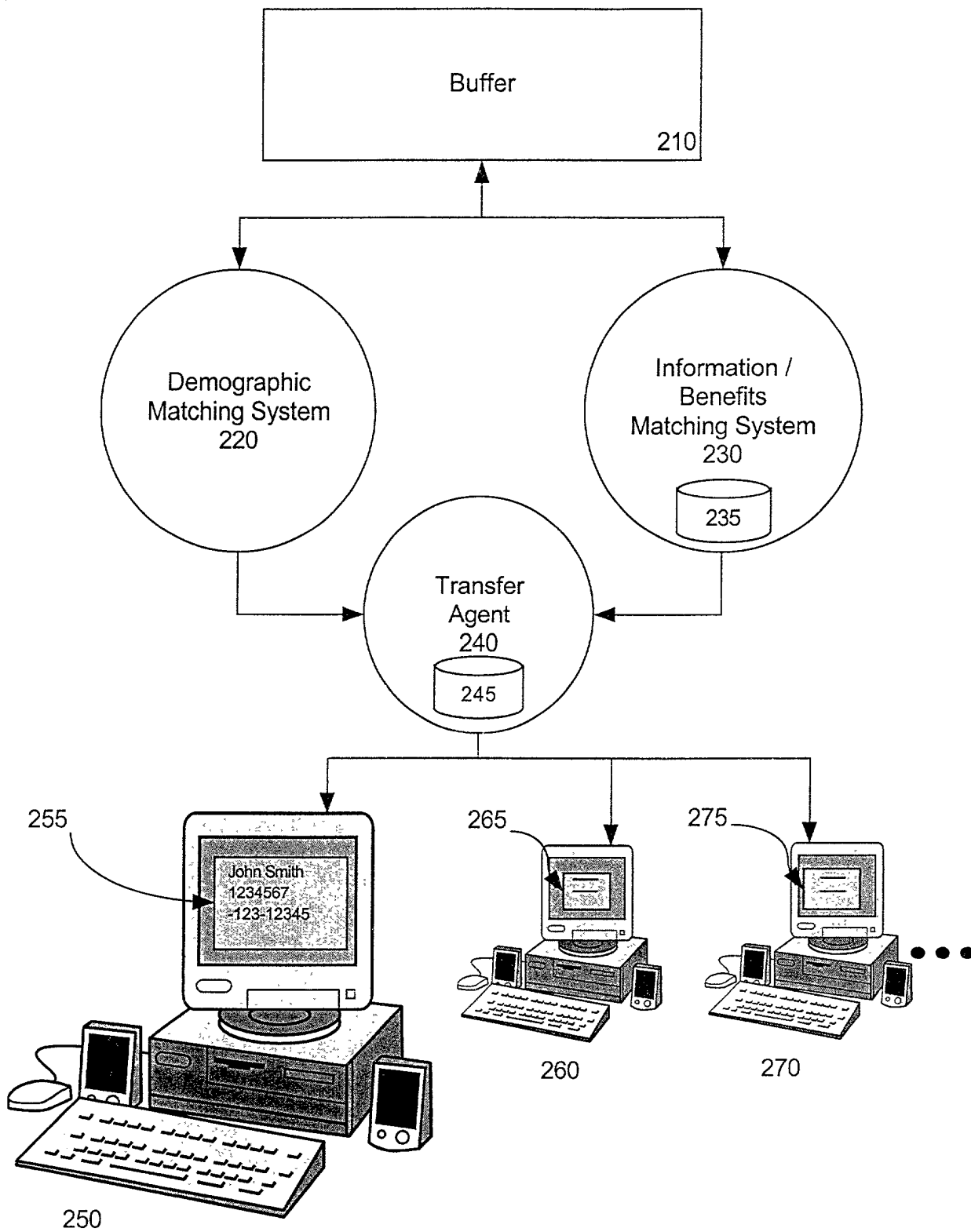


FIG. 3

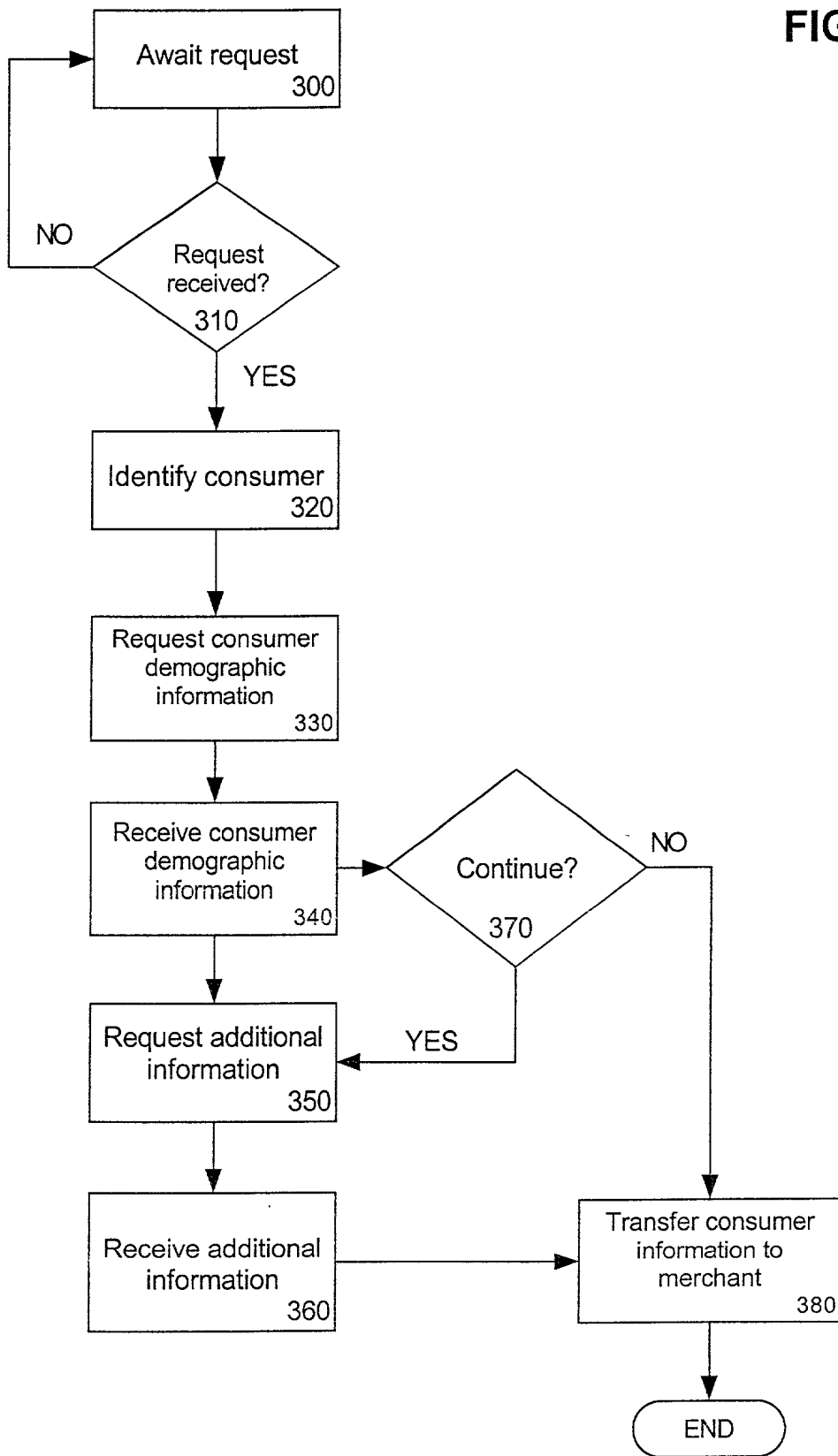
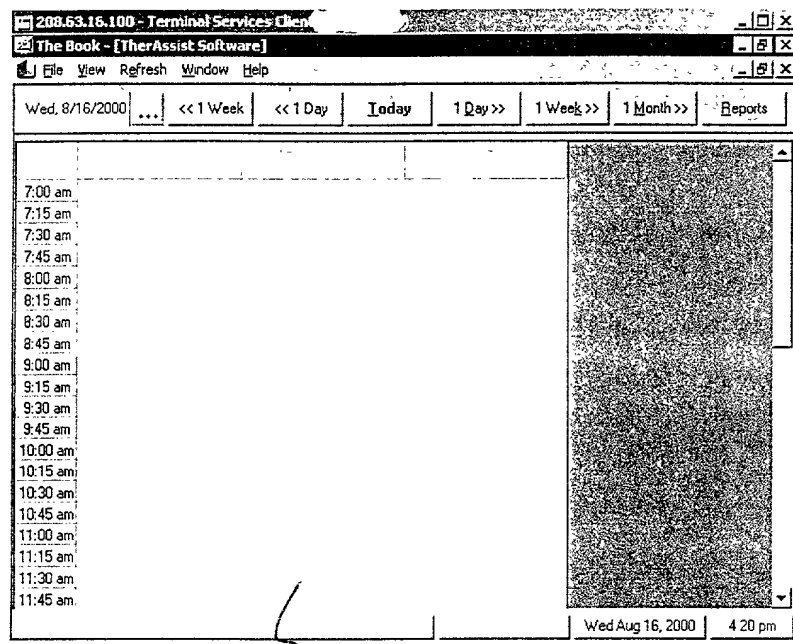


FIG. 4



400

FIG. 5

208.63.15.100 - Terminal Services Client

File View Favorites Window Help

Fri, 7/7/2000

New Appointment/Reserved Block

New Appointment

QuickFind Clear

Add New Patient with InstantDemographics

<Add New Patient>
Andros, William Todd

Visit Type
<Add New Type of Visit>
Disc Eval
Initial Eval
Prog Eval
Standard Visit

Start Time 10:15 AM

End Time 10:30 AM

Comment (Optional)

☐ Show All Patients

7:00 am
7:15 am
7:30 am
7:45 am
8:00 am
8:15 am
8:30 am
8:45 am
9:00 am
9:15 am
9:30 am
9:45 am
10:00 am
10:15 am
10:30 am
10:45 am
11:00 am
11:15 am
11:30 am
11:45 am
12:00 pm
12:15 pm
12:30 pm
12:45 pm
1:00 pm
1:15 pm
1:30 pm

Reports

Fri Jul 7, 2000 11:18 am

FIG. 6

The screenshot shows a web browser window titled "TevixMD Web Wizard - Web Page Dialog". The browser's address bar shows a URL starting with "http://". The page has a navigation bar with the following links: "1. Login", "2. Create/Modify User", "3. Add/Remove", "4. Add/Remove", "5. Add/Remove", and "6. Tevix". The main content area contains the text: "Please enter your Tevix username and password and then click on the Next button below". Below this text are two input fields: "Username:" and "Password:". At the bottom of the page, there is a footer that reads: "TevixMD Web Wizard Version 2.0.113 - ©Copyright 1999-2000 Tevix, Inc. All rights reserved." Below the footer are three buttons: "Start Over", "<< Back", and "Next >>". Handwritten annotations include "432" pointing to the "1. Login" link, "434" pointing to the "Next >>" button, and "436" pointing to the "Next >>" button.

TevixMD Web Wizard - Web Page Dialog

1. Login | 2. Create/Modify User | 3. Add/Remove | 4. Add/Remove | 5. Add/Remove | 6. Tevix

Please enter your Tevix username and password and then click on the Next button below

Username:

Password:

TevixMD Web Wizard Version 2.0.113 - ©Copyright 1999-2000 Tevix, Inc. All rights reserved.

Start Over | << Back | Next >>

FIG. 7A

208.63.16.100 - Terminal Services Client

File View Refresh Window Help

Fri, 7/7/2000

Reports

eVerify Wizard

1. Enter Patient SSN | 2. Verify Patient | 3. Patient Coverage

Please enter the patient's Social Security Number (SSN):

Optionally, enter a patient's home telephone number:

Number: () -

powered by
TevixMD

Cancel << Back Next >>

Show All Patients Update List

Fri Jul 7, 2000 11:19 am

FIG. 7B

515

510

5120

00521512500

TevixMD Web Wizard - Web Page: Demo

1. Login | **2. InstantDemographics** | 3. Generate | 4. InstantDemographics | 5. New Patient Form | 6. Test

Enter the patient's SSN and click on the Get Patient button. If demographics are not available, enter the patient data below.

Enter Patient Social Security Number (SSN)

SSN: **Get Patient**

Patient Demographics

First: Middle: Last:

Address:

City:

State:

Zip:

DOB: / /

Home Phone: Work Phone:

Sex: ☐ Female ☐ Male

Start Over **<< Back** **Next >>**

FIG. 8

208.63.16.100 - Terminal Services Client

eVerify Wizard

Quick | 1. Enter Patient SSN | **2. Verify Patient** | 3. Patient Coverage

Choose the correct patient from the list below:

Patients

ANDROS, WILLIAM T
545 SAN SERVANDO AVE
MIAMI, FL 33143
305-667-1577

ANDROS, CHERYL A
545 SAN SERVANDO AVE
MIAMI, FL 33143
305-667-1577

powered by
TevixMD

Cancel << Back Next >>

Show All Patients Update List

490

FIG. 9A

208.63.16.100 - Terminal Services Client

File View Refresh Window Help

Fri, 7/7/2000

Reports

eVerify Wizard

1. Enter Patient SSN | 2. Verify Patient | 3. Patient Coverage

If the correct patient is listed below, click on the Next button below. If this is not the correct patient, click on the Back button to re-enter the Social Security Number.

Quick
Patient Name: _____
Address: _____
City: _____
State: _____
Zip: _____
DOB: _____

Social Security Number: _____

powered by
TevixMD

Cancel << Back Next >>

Show All Patients Update List

7:00 am
7:15 am
7:30 am
7:45 am
8:00 am
8:15 am
8:30 am
8:45 am
9:00 am
9:15 am
9:30 am
9:45 am
10:00 am
10:15 am
10:30 am
10:45 am
11:00 am
11:15 am
11:30 am
11:45 am
12:00 pm
12:15 pm
12:30 pm
12:45 pm
1:00 pm
1:15 pm
1:30 pm

Fri Jul 7, 2000 11:19 am

FIG. 9B

560

540

550

006045181560

TevixMD Web Wizard — Web Page Dialog

1. Login | **2. InstantDemographics®** | 3. Guarantee | 4. InstantBenefits® | 5. New Patient Form | 6. Team

Enter the patient's SSN and click on the Get Patient button. If demographics are not available, enter the patient data below

Enter Patient Social Security Number (SSN)

SSN: 111-11-1111 **Get Patient**

Patient Demographics

First: Sample Middle: t Last: Patient

Address: 1111 Sample Lane

City: Anywhere

State: ST

Zip: 111111

DOB: 11 / 11 / 1688

Home Phone: (555)555-5555 Work Phone: (444)444-4444

Sex: ☐ Female ☒ Male

Start Over << Back Next >>

FIG. 10

590

TevisMD Web Wizard - Web Page Dialog

1. Login | 2. InstantDemographics | **3. Guarantor** | 4. InstantSearch | 5. Print Patient Form | 6. TevisMD

If the patient is the Guarantor, click on the Next button below. Otherwise, enter the guarantor's SSN and click on the Get Guarantor button

Enter Guarantor Social Security Number (SSN):

SSN: 111-11-1111 **Get Guarantor**

570

Guarantor Demographics

First: Sample Middle: t Last: Patient

Address: 1111 Sample Lane

City: Anywhere

580

State: ST

Zip: 111111

DOB: 11 / 11 / 1688

Home Phone: (555)555-5555 Work Phone: (444)444-4444

Sex: ☐ Female ☒ Male

Start Over << Back Next >>

FIG. 11

TevixMD Web Wizard - Web Page Dialing

1. Login | 2. Instant Demographics | 3. Guarantor | **4. Instant Benefits®** | 5. New Patient Form | 6. TevixMD

Select the patient's payor below by clicking on it once. If the patient's payor is not listed, click on the Payor Not Listed button to skip this section.

Select Patient's Insurance Type

Aetna US HealthCare	Horizon
Alabama Medicaid	Idaho Medicaid
Arizona Medicaid	Illinois Medicaid
Arkansas Medicaid	Indiana Medicaid
California Blue Cross	Iowa Medicaid
California Medicaid	Kansas Medicaid
CIGNA (Indemnity)	Kentucky Medicaid
CIGNA (Managed Care)	Louisiana BlueCross/BlueShield
CIGNA of Virginia	Louisiana Medicaid
Colorado Medicaid	Minnesota Medicaid
Connecticut Medicaid	Mississippi Blue Cross Blue Shield
Empire Blue Cross Blue Shield	Mississippi Medicaid
Family Health Systems	Missouri Medicaid
Florida Medicaid	Nationwide Health Plans
Georgia Medicaid	New Jersey Medicaid
Healthchoice of Memphis	New Mexico Medicaid

Payor Not Listed

Start Over << Back Next >>

600

605

FIG. 12

610

TevixMD Web Wizard -- Web Page Dialog

1. Get Info | 4. InstantBenefits® | 5. New Patient Form | 6. Transfer Agent

Enter the data required for the payor you have selected

Payor Specific Data

Insured's SSN	111-11-1111
Patient's Date of Birth	11/11/1688
Patient's Relationship To Insured	Self
Benefit Type	General Benefits-Physician

Start Over << Back Next >>

FIG. 13A

208.63.16.100 - Terminal Services Client

Appointments

eVerify Wizard

Quick 1. Enter Patient SSN | 2. Verify Patient | 3. Patient Coverage

Patient: Social Security Number:

US Healthcare HMO
Group: 12345678-90123-4567
ID: 123-45-6789

Percentages and Copayments

	Participating	
	Percent	Copay
Medical	100	\$10.00
Skilled Nursing Facility	100	\$0.00

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Cancel << Back Finish

☐ Show All Patients

500

FIG. 13B

208.63.16.100 - Terminal Services Client

New Appointment/Reserved Block

eVerify Wizard

Quick 1. Enter Patient SSN | 2. Verify Patient | 3. Patient Coverage

Patient: [] Social Security Number: []

Skilled Nursing Facility	100	\$0.00
Therapy	100	\$10.00
Outpatient Surgery	100	\$0.00
Surgery	100	\$0.00

Coverage Information

Participating

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TevixMD

Cancel << Back Finish

Show All Patients Update List

620

FIG. 13C

TevixMD Web Wizard — Web Page Dialog

1. Guarantor | **4. InstantBenefits®** | 5. New Patient Form | 6. Tevix Transfer Agent

The patient's benefits are listed below. If the benefits are not correct or if you encountered an error, click on the Back button to verify payor specific data and retry the request.

Patient Benefits

US HEALTHCARE (R) ELIG INQUIRY

Patient is Eligible

PROVIDER INFORMATION
Name: HOSPIT
Provider ID: XXXX

MEMBER INFORMATION
Name: Joe Smith
SSN: 123-45-6789
Group/Policy ID: 12345-67-89-0
Group/Policy Name: XXXX

Gender: Female
Date of Birth: 02/13/1968
Plan Effective Date: 01/01/2000

Start Over | << Back | Next >>

630

FIG. 13D

TevimMD Web Wizard - Web Page Dialog [X]

1. Get Info | 4. InstantSearch | **5. New Patient Form** | 6. Test Transfer Agent

1/3

Patient Registration Form			
Date	12/23/2000		
PATIENT			
Name	Sample Patient		
Address	1111 Sample Lane		
Anywhere, SF 11111			
Home Phone	(555)555-5555	Work Phone	(444)444-4444
Sex	Male	DOB (Age)	11/11/1953 (47)
GUARANTOR / DR			
Name	Sample Patient		
Address	1111 Sample Lane		
Anywhere, SF 11111			
Home Phone	(555)555-5555	Work Phone	(444)444-4444
Sex	Male	DOB (Age)	11/11/1953 (47)
BENEFITS			
US HEALTH CARE (PUBLIC INQUIRY)			
Patient is Eligible			
PROVIDER INFORMATION			
Name			
Provider ID			
MEASUR INFORMATION			
Name			
SSN			
Group Policy ID: 00000000000000000000			
Group Policy Name			
Gender: Female			
Date of Birth: 03/13/2000			
Open Enrollment Date: 01/01/2000			

Start Over << Back Next >>

640

FIG. 14

TevixMD Web Wizard — Web Page Dialog

1. Guarantor | 4. Infant/Beneficiary | 5. New Patient Form | **6. Tevix Transfer Agent**

The Tevix Transfer Agent (TTA) can automatically transfer the patient demographic and benefit information you have retrieved directly to your Practice Management System (PMS).

Select your Practice Management System and click on the Send button below:

<input type="checkbox"/> Eclipsys	<input type="checkbox"/> Medic	<input type="checkbox"/> Raintree
<input type="checkbox"/> e-MDs : topsBill	<input type="checkbox"/> Medical Manager	<input type="checkbox"/> Rivers
<input type="checkbox"/> e-MDs : topsSchedule	<input type="checkbox"/> MediSoft	<input type="checkbox"/> SAP
<input type="checkbox"/> Epic	<input type="checkbox"/> MEDITECH	<input type="checkbox"/> SMS
<input type="checkbox"/> IDX	<input type="checkbox"/> Medware	<input type="checkbox"/> Other
<input type="checkbox"/> InfoMedtrics	<input type="checkbox"/> Millbrook	
<input type="checkbox"/> McKesson HBOC	<input type="checkbox"/> PMIS	

Send Data to PMS

Start Over << Back Next >>

FIG. 15A

Patient is Eligible

PROVIDER INFORMATION

Name: HOSPITAL

Provider ID: 1403

MEMBER INFORMATION

Name: Smith, Mary M

SSN: 123456789

Group/Policy ID: 1234567890

Group/Policy Name: XXXXXX

Gender: Female

Date of Birth: 01/1/1968

Plan Effective Date: 01/01/2000

Eligibility & Benefit Information

Insurance Type: (POS)

Coverage Level: Employee and Spouse

Entered 1st DOS: 12/26/2000

Entered Last DOS: 12/26/2000

PCP Effective Date: 02/01/1998

PCP Name: Smith, Tom S

Telephone Number: (123)123-4567

Telephone Number: (123)123-4569

Service Type: Hospital - Outpatient

DEDUCTIBLE

Monetary Amount: \$ 300.00

Coverage Level: Employee and Spouse

Network Indicator: Out-Of-Plan-Network

CO-INSURANCE

Percentage Rate: 70%

Coverage Level: Employee and Spouse

Plan Coverage Description: FOR HSP EXP

Network Indicator: Out-Of-Plan-Network

Percentage Rate: 100%

Coverage Level: Employee and Spouse

Plan Coverage Description:

HOSPITAL COINSURANCE

Network Indicator: In-Plan-Network

LIMITATIONS

CALL FOR AUTHORIZATION

Network Indicator: In-Plan-Network

BENEFIT DESCRIPTION

No, Prov Is Not in Mbr's Ntwk

Service Type: Diagnostic Medical

DEDUCTIBLE

Monetary Amount: \$ 300.00

Coverage Level: Employee and Spouse

Network Indicator: Out-Of-Plan-Network

CO-INSURANCE

Percentage Rate: 70%

Coverage Level: Employee and Spouse

Plan Coverage Description: DIAGNOSTIC XRAY

& LAB EXPENSES

Network Indicator: Out-Of-Plan-Network

Percentage Rate: 100%

Coverage Level: Employee and Spouse

Network Indicator: In-Plan-Network

BENEFIT DESCRIPTION

No, Prov Is Not in Mbr's Ntwk

Service Type: Professional(Physician) Visit - Office

LIMITATIONS

COPAY WITH PCP REFERRAL ONLY

DEDUCTIBLE

Monetary Amount: \$ 300.00

Coverage Level: Employee and Spouse

Network Indicator: Out-Of-Plan-Network

CO-INSURANCE

Percentage Rate: 70%

Coverage Level: Employee and Spouse

Network Indicator: Out-Of-Plan-Network

Percentage Rate: 100%

Coverage Level: Employee and Spouse

Plan Coverage Description:

OFFICE VISIT COINSURANCE

Network Indicator: In-Plan-Network

CO-PAYMENT

Monetary Amount: \$ 10.00

Plan Coverage Description: OFFICE VISIT COPAY

Network Indicator: In-Plan-Network

BENEFIT DESCRIPTION

No, Prov Is Not in Mbr's Ntwk

FIG. 15B

MEMBER INFORMATION

Member Number: 1234567890123456

Name: SMITH, JOAN M.

Date of Birth: 1/1/1973

Gender: F

Member Effective Date: 05/01/2000

Member Expiration Date: 09/30/2001

BPL Code: 99999

PRIMARY CARE INFORMATION

COPAY INFORMATION

Effective Date: 05/01/1998

Expiration Date: 09/30/2001

Code - MH/GRP: \$10.00

Code - MH/IPT: \$100.00

Code - PCPOV: \$15.00

Code - ER: \$50.00

Code - URG: \$25.00

Code - PT: \$20.00

Code - OT: \$20.00

Code - DME: \$50.00

Code - RX: \$8.00

Code - IP: \$250.00

Code - RX-OTH: \$13.00

Code - RX-PRF: \$8.00

Code - RX T3: \$18.00